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Substitute for form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary)					APS RECUPCTIFTO 15 MAY 20				
					Application Number Un		mown		
					Filing Date		Of Even Date		
					First Named Inventor		Dirk Muhlhoff		
					Art Unit		Linknown 2873		
					Examiner Name		Unknown J. Martinez		
Sheet	: 1 of 1				Attorney Docket Number		3081.169US01		
Sheet	<u> </u>				DOCUMENTS				
EXAMINER	Cite		U.S. PA1	IENII	Publication Date		Name of Patentee or Applica	nt .	
INITIAL*	No.1	Document Number			MM-DD-YYYY		of Cited Document		
		Number-Kind Code ^{2 (f known)}							
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EXAMINER (Jacob Martiner)					DATE	1	00/00/0000		

/Joseph Martinez/ 02/26/2009 CONSIDERED SIGNATURE *EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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